

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, ERIC T				2. Rate AW2		3. Desig NAC		4. SSN (b)(6)											
5. ACT <input checked="" type="checkbox"/>		TAR <input type="checkbox"/>		INACT <input type="checkbox"/>		AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 44392		7. Ship/Station SPECBOAT TEAM 20		8. Promotion Status REGULAR		9. Date Reported 01SEP15					
Occasion for Report 10. Periodic <input type="checkbox"/>				Detachment 11. of Individual <input checked="" type="checkbox"/>				Promotion/ 12. Frocking <input type="checkbox"/>				13. Special <input type="checkbox"/>				Period of Report 14. From: 02MAR16 15. To: 03JAN06			
16. Not Observed Report <input type="checkbox"/>				Type of Report 17. Regular <input checked="" type="checkbox"/>				18. Concurrent <input type="checkbox"/>				20. Physical Readiness (b)(6)				21. Billet Subcategory (if any) BASIC			
22. Reporting Senior (Last, FI MD) (b)(6)				23. Grade CDR		24. Desig 1130		25. Title CO		26. UIC 42223		27. SSN (b)(6)							
28. Command employment and command achievements. Operate, train, equip and deploy Combatant Craft Detachments to conduct Naval Special Warfare operations in CONUS, USSOUTHCOM, and USEUCOM for contingency, OPLAN execution and exercises under COMSECONDFLT, COMSIXTHFLT, COMSOC SOUTH, COMSOCEUR, and COMSOCJFCOM																			
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) ASSISTANT MAA PRI: Assist Chief Master-At-Arms in his duties, enforcing and upholding command policy and Navy regulations.																			

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, ERIC T	2. Rate AW2	3. Desig NAC	4. SSN (b)(6)
--	----------------	-----------------	------------------

(b)(6)

(b)(6)

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

(b)(6)

IMMEDIATE REENLISTMENT CONTRACT

NAME: ERIC TROY SANCHEZ

SSN: (b)(6)

BR/CL: USN

FIRST: I am reenlisting in the ☒ UNITED STATES NAVY ☐ NAVAL RESERVE for 3 years from 01/08/2003 ,unless sooner discharged by proper authority. My new contract expiration date is 01/07/2006 .

SECOND: I have read and understand the following SECTION OF TITLE 10 OF THE UNITED STATES CODE:

SECTION 5540 OF TITLE 10 OF THE UNITED STATES CODE; "(a) The senior officer present afloat in foreign waters shall send to the United States by Government or other transportation as soon as possible each enlisted member of the naval service who is serving on a naval vessel, whose term of enlistment has expired, and who desires to return to the United States. However, when the senior officer present afloat considers it essential to the public interest, he may retain such a member on active duty until the vessel returns to the United States. (b) Each member retained under this section: (1) shall be discharged not later than 30 days his arrival in the United States; and (2) except in time of war is entitled to an increase in basic pay of 25 percent. (c) The substance of this section shall be included in the enlistment contract of each person enlisting in the naval service."

THIRD: I understand that I may be extended on, or ordered to active duty for the duration of any war or national emergency declared by Congress, and for six months thereafter, and that my agreed period of active service may be extended as otherwise authorized by law.

FOURTH: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, geographical area, schooling, special programs, assignment of government quarters, or transportation of dependents except as indicated:

BENEFITS OF RATE

UIC: 44392 STATUS: ACTIVE X INACTIVE RADO MONTHS/DAYS 000 / 000 DOB: (b)(6)

PLACE OF REENLISTMENT: NORFOLK, VA HOME OF RECORD: (b)(6) CA

CITIZENSHIP: (b)(6) CITIZEN COUNTRY (b)(6) RATE: AW2 DATE OF PAYGRADE: 06/16/1993

ADSD: 08/25/1987 PEBD: 01/30/1987 DATE LAST DISCHARGE: 01/07/2003 LSL SELLBACK: (b)(6)

TOTAL ACTIVE SERVICE: 15 / 04 / 13 YEARS/MONTHS/DAYS TOTAL PRIOR INACTIVE SERVICE: 00 / 06 / 25 YEARS/MONTHS/DAYS

"OATH OF ENLISTMENT: I, ERIC TROY SANCHEZ ,do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulation and the Uniform Code of Military Justice. So help me God. I swear (or affirm) that I am fully aware and fully understand the conditions under which I am enlisting."

**** SIGNATURE OF REENLISTEE

(b)(6)

LAST

Subscribed and sworn before me on this 8th day of January, A.D. 2003

SIGNATURE
AND GRADE

(b)(6)

ICIAL TITLE:

ADMIN X OFFICER

ADMINISTRATIVE REMARKS

AVPERS 1070/613 (REV. 10-81)

/N 0106-LF-010-6991

E-32

SHIP OR STATION

PERSUPP DET ROTA SP UIC: 43498 FOR NAVSTA SECDET ROTA SPAIN UIC: 46129

98APR01: I HEREBY VOLUNTEER FOR DUTY INVOLVING FLYING IN ACCORDANCE WITH MILPERSMAN 1410240.5A(3) (A).

WITNESSED:

(b)(6)

USN

(b)(6)

(MEMBER'S SIGNATURE)

NAME (Last, First, Middle)

SANCHEZ, ERIC TROY

SSN

(b)(6)

BRANCH AND CLASS

USN

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV 10-81)

S/N 106-LF-010-6991

SHIP OR STATION

NAVAL SPECIAL WARFARE CENTER, 2446 TRIDENT WAY, SAN DIEGO CA 92155

97DEC10: Member screened and found suitable for assignment to Physical Security Duty in accordance with TRANSMAN 9.073.

(b)(6)

Director of Training

NAME (Last, First, Middle)

SANCHEZ, ERIC TORY

SSN

(b)(6)

BRANCH AND CLASS

USN

13

10

1616-1

ENL PERFORMANCE EVALUATION REPORT

1 NAME (LAST, FIRST, MIDDLE OR MIDDLE INITIAL) SANCHEZ, ERIC T			2 RATE AT3		3 SSN (b)(6)								
4 <input type="checkbox"/> USN		5 <input checked="" type="checkbox"/> USNR		6 <input checked="" type="checkbox"/> ACTIVE		7 <input type="checkbox"/> INACTIVE		8 <input type="checkbox"/> TEMAC		9 <input type="checkbox"/> ACDUTRA			
10 MEMBER'S SHIP OR STATION (VF-124) FITRON ONE TWO FOUR					11 MEMBER'S UIC 09095			12 DATE REPORTED 88OCT26					
13 <input checked="" type="checkbox"/> PERIODIC					14 <input type="checkbox"/> TRANSFER		15 OTHER		16 FROM 90JUL01			17 TO 91JUN30	
18 <input checked="" type="checkbox"/> REGULAR					19 <input type="checkbox"/> CON-CURRENT		20 PHYSICAL READINESS (b)(6)		21 RESERVE PART			22 DATE OF RATE 89SEP16	
23 REPORTING SENIOR'S NAME (LAST AND INITIALS) (b)(6)					24 RANK CDR		25 TITLE DEPT HD			26 S (b)(6)			

(b)(6)

50 MEMBER'S LAST NAME, INITIALS

SANCHEZ, E T

51 SSN

(b)(6)

PERIOD OF REPORT

52 From 90JUL01

53 To 91JUN30

54 DUTIES AND RESPONSIBILITIES

CREWMEMBER, INTEGRATED WEAPONS TEAM BRANCH, AVIONICS/ARMAMENT DIVISION. PERFORMS ORGANIZATIONAL LEVEL MAINTENANCE ON NAVIGATION, COMMUNICATION, WEAPONS/FIRE CONTROL AND ELECTRONIC COUNTERMEASURE SYSTEMS ON 30 F-14A/D AIRCRAFT. MILITARY DUTIES: LINE/HANGAR/GATE SECURITY WATCH, PETTY OFFICER OF THE WATCH. DETACHMENTS: NAF EL CENTRO, 91MAR18-28, USS ABRAHAM LINCOLN (CVN-72), 91JAN12-20.

55 SPECIAL ACHIEVEMENTS

COMPLETED SHIPBOARD/FLIGHT DECK FIRE FIGHTING SCHOOL, 91MAR05.

(b)(6)

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991

E-32

SHIP OR STATION

NAVAL AIR STATION JOINT RESERVE BASE WILLOW GROVE PA

17MAR97 : TAR DESIGNATION removed this date IAW PERS-252 180200Z Jul 96
member reenlisted into regular NAVY.

witnessed:

(b)(6)

(b)(6)

Member's Signature

By direction



NAME (Last, First, Middle)

SANCHEZ ERIC TROY

SSN

(b)(6)

BRANCH AND CLASS
USNR(TAR)

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991

E-32

SHIP OR STATION

NAVAL AIR STATION JOINT RESERVE BASE WILLOW GROVE PA

17MAR97 : Reenlisted this date for 4 years. Deers verified this date.

STATEMENT OF PRIOR SERVICE:

ACTIVE

INACTIVE

<u> </u> TO <u> </u>	<u>30JAN87</u> TO <u>24AUG87</u> USNR
<u>25AUG87</u> TO <u>16MAY91</u> USNR	<u> </u> TO <u> </u>
<u>17MAY91</u> TO <u>16MAR97</u> USNR	<u> </u> TO <u> </u>
<u> </u> TO <u> </u>	<u> </u> TO <u> </u>
<u> </u> TO <u> </u>	<u> </u> TO <u> </u>
<u> </u> TO <u> </u>	<u> </u> TO <u> </u>
<u> </u> TO <u> </u>	<u> </u> TO <u> </u>

LOST TIME:

Total inactive service: 00 yrs 00 mos 00 dys

Total active service: 09 yrs 08 mos 17 dys

Home of Record: (b)(6) CA

Place of acceptance: LOS ANGELES MEPS

SDAP Level: Effective:

witne

(b)(6)

Reem/sep supv
By direction

(b)(6)

Member's Signature

NAME (Last, First, Middle)

SANCHEZ ERIC TROY

SSN

(b)(6)

BRANCH AND CLASS

USN

31

S/N 0106-LF-008-1800

ENLISTED QUALIFICATIONS HISTORY

1. EDUCATIONAL EXPERIENCE LEVEL

GED (HS) EQUIVALENT TEST			COLLEGE LEVEL GENERAL EXAM		PRESENT LEVEL OF EDUCATION					
DATE ISSUED	ISSUING STATE	INIT	DATE PASSED	INIT	12	13	14	15	16	17
					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. CLASSIFICATION/ASVAB TESTING QUALIFICATIONS

TEST FORM ID	DATE ADMIN.	AFQT	GS	AR	WK	PC	NO	CS	AS	MK	MC	EI	VE

ASVAB ADMINISTERED BY:

SPECIAL TEST SCORES

NAME	FORM	DATE	SCORE
DLAB			
NFQT			

CLASSIFIER'S SIGNATURE:

3. RECORD OF OFF-DUTY EDUCATION/VOC/TECH TRAINING AND NON-REQUIRED CORRESPONDENCE COURSES

NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT	NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT

4. OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED

DATE COMPLETED	TYPE OF COURSE AND/OR INSTRUCTION	DURATION	LOCATION	INIT
01SEP21	SERE	2 WEEKS	NAS NORTH ISLAND, CA	DLD

NAME (LAST, FIRST, MIDDLE INITIAL)

SANCHEZ, ERIC T. ROY

SOCIAL SECURITY NUMBER

(b)(6)

BRANCH/CLASS

USN

NATIONAL DEFENSE SERVICE MEDAL
NATIONAL DEFENSE SERVICE MEDAL

5. NAVY SERVICE SCHOOLS/MILITARY TRAINING COURSES

COURSE TITLE/SCHOOL STU BASUNDDDEM/ SWCC NSWC CORONADO, CA		NEC 0000	DATE ENROLLED/COMPLETED 010315/010831	COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH 61 DAYS	GRADE (b)(6)	MANNER OF COMPLETION <input checked="" type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT NR	COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED	INIT
COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED	INIT

6. CORRESPONDENCE COURSES REQUIRED FOR ADVANCEMENT

DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	DATE COMPLETED	INIT	DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	DATE COMPLETED	INIT

7. NAVY ENLISTED CLASSIFICATIONS

8. PERSONNEL ADVANCEMENT REQUIREMENTS

PRIMARY CODE	SECONDARY CODE	DATE	INIT	DESCRIPTION	DATE	INIT

9. ENLISTED RATE/RATING

10. DESIGNATOR RECORD

RATE	DATE	TIME IN RATE	INIT	DATE	DESIGNATOR	QUAL/REVOCATION	INIT

NAME (Last, First, Middle)

Sanchez, ~~2nd~~ ERK TROY

SOCIAL SECURITY NUMBER

(b)(6)

BRANCH AND CLASS

USN

ENHANCED PERFORMANCE EVALUATION REPORT

1* NAME (LAST, FIRST, MIDDLE OR MIDDLE INITIAL) SANCHEZ, ERIC T				2 RATE AT3		3 SSN (b)(6)	
BRANCH/CLASS 4 <input type="checkbox"/> USN		5 <input checked="" type="checkbox"/> USNR		STATUS 6 <input checked="" type="checkbox"/> ACTIVE		7 <input type="checkbox"/> INACTIVE	
				8 <input type="checkbox"/> TEMAC		9 <input type="checkbox"/> ACDUTRA	
10 MEMBER'S SHIP OR STATION (VF-124) FITRON ONE TWO FOUR				11 MEMBER'S UIC 09095		12 DATE REPORTED 88OCT26	
OCCASION FOR REPORT 13 <input checked="" type="checkbox"/> PERIODIC				14 <input type="checkbox"/> TRANSFER		15 OTHER	
16 FROM 90FEB22				17 TO 90JUN30			
TYPE OF REPORT 18 <input type="checkbox"/> REGULAR				19 <input checked="" type="checkbox"/> CON-CURRENT		20 PHYSICAL READINESS (b)(6)	
21 RESERVE PART				22 DATE OF RATE 89SEP16			
23 REPORTING SENIOR'S NAME (LAST AND INITIALS) (b)(6)				24 RANK LCDR		25 TITLE ASST DEPT HD	
						26 SSN (b)(6)	

(b)(6)

50 MEMBER'S LAST NAME, INITIALS

SANCHEZ, E T

51 SSN

(b)(6)

PERIOD OF REPORT

52 From 90FEB22

53 To 90JUN30

54 DUTIES AND RESPONSIBILITIES

CREWMEMBER, INTEGRATED WEAPONS TEAM BRANCH, AVIONICS/ARMAMENT DIVISION. PERFORMS ORGANIZATIONAL LEVEL MAINTENANCE ON COMMUNICATIONS, NAVIGATION, WEAPONS/FIRE CONTROL AND ECM SYSTEMS ON 31 F-14A AIRCRAFT. MILITARY DUTIES: PETTY OFFICER OF THE WATCH, DUTY DRIVER AND BARRACKS/GATE/HANGAR SECURITY WATCHES. DETACHMENT: USS RANGER (CV 61) 90MAY09-90MAY15.

55 SPECIAL ACHIEVEMENTS

NONE.

(b)(6)

BRANCH AND CLASS

USN

PERS 1070/604 (Rev. 7/91)

ENLISTED QUALIFICATIONS HISTORY

1. EDUCATIONAL EXPERIENCE LEVEL

GED (HS) EQUIVALENT TEST			COLLEGE LEVEL GENERAL EXAMS		PRESENT LEVEL OF EDUCATION						
DATE ISSUED	ISSUING STATE	INIT	DATE PASSED	INIT	12	13	14	15	16	17	

2. CLASSIFICATION/ASVAB TESTING QUALIFICATIONS

TEST FORM ID	DATE ADMIN.	AFQT	GS	AR	WK	PC	NO	CS	AS	MK	MC	EI	VE
--------------	-------------	------	----	----	----	----	----	----	----	----	----	----	----

ASVAB ADMINISTERED BY:

SPECIAL TEST SCORES


NAME	FORM	DATE	SCORE

CLASSIFIER'S SIGNATURE:

3. RECORD OF OFF-DUTY EDUCATION/VOC/TECH TRAINING AND NON-REQUIRED CORRESPONDENCE COURSES

NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT	NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT

4. OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED

DATE COMPLETED	TYPE OF COURSE AND/OR INSTRUCTION	DURATION	LOCATION	INIT
98MAY22	ALCOHOL AWARE	4 HRS	NAVSTA ROTA SPAIN	
98APR17	SECURITY FIRST RESPONDER CRSE	4 DAYS	NAVSTA ROTA SPAIN	

NAME (Last, First, Middle)

SANCHEZ ERIC TROY

SOCIAL SECURITY NUMBER

(b)(6)

BRANCH AND CLASS

USN [REDACTED]

5. NAVY SERVICE SCHOOLS/MILITARY TRAINING COURSES

COURSE TITLE/SCHOOL STU BASUNDDEM/SEAL TRA BUDS NSWC CORONADO CA		NEC 0000	DATE ENROLLED/COMPLETED 970825/971020	COURSE TITLE/SCHOOL LAW ENFORCEMENT (L30BR8121-001)		NEC 9545	DATE ENROLLED/COMPLETED 28JAN-11MAR98
COURSE LENGTH 26 WKS	GRADE NG	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input checked="" type="checkbox"/> (b)(6) DROPPED	INIT JWA	COURSE LENGTH 6 WKS	GRADE (b)(6)	MANNER OF COMPLETION <input checked="" type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED	INIT E
COURSE TITLE/SCHOOL U.S. NAVY SECURITY GUARD (DE) (A 830 0011)		NEC 9545	DATE ENROLLED/COMPLETED 28JAN/11MAR98	COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED
COURSE LENGTH 6 WKS	GRADE SAT	MANNER OF COMPLETION <input checked="" type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED	INIT 1812	COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED	INIT

6. CORRESPONDENCE COURSES REQUIRED FOR ADVANCEMENT

DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	DATE COMPLETED	INIT	DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	DATE COMPLETED	INIT

7. NAVY ENLISTED CLASSIFICATIONS

8. PERSONNEL ADVANCEMENT REQUIREMENTS

PRIMARY CODE	SECONDARY CODE	DATE	INIT	DESCRIPTION	DATE COMPLETED	INIT
7851	0000	98MAR11	ADS			
7851	9545	EDVR DTD 98APR10	ADS			

9. ENLISTED RATE/RATING

10. DESIGNATOR RECORD

RATE	DATE	TIME IN RATE	INIT	DATE	DESIGNATOR	QUAL/REVOCATION	INIT

NAME (Last, First, Middle)
SANCHEZ ERIC TROYSOCIAL SECURITY NUMBER
(b)(6)BRANCH AND CLASS
USN

NAME (Last, First, Middle)
SANCHEZ ERIC TROY

SOCIAL SECURITY NUMBER
(b)(6)

BRANCH AND CLASS
USN

AGREEMENT TO EXTEND ENLISTMENT

NAME: ERIC TROY SANCHEZ

SSN:

(b)(6)

BR/CL: USN

Having enlisted in the ☒ UNITED STATES NAVY ☐ NAVAL RESERVE on 01/08/2003 for 3 years, I do voluntarily agree to (further) extend my enlistment for 9 months (REASON: SCHOOL OTHER ☒) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 10/07/2006. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:

FIRST EXTENSION. BUPERS ORDER 3372. I UNDERSTAND THAT THIS EXTENSION BECOMES BINDING UPON EXECUTION AND MAYNOT THEREAFTER BE CANCELED EXCEPT AS PROVIDED FOR IN MILPERSMAN 1160-040.

UIC: 44392

STATUS: ACTIVE ☒ INACTIVE

RATE: AW2

COMBAT ZONE:

PEBD: 01/30/1987

TOTAL AGGREGATE MOS: 9

SHIP OR STATION: SPECBOAT TEAM TWENTY SEA

LOCATION OF SHIP OR STATION: SBT TWENTY NAB LCRK VA

**** SIGNATURE OF MEMBER: _____

(b)(6)

FIRST

MIDDLE

LAST

Witnessed and accepted on behalf of the United States Navy
this 8th day of January A.D. 2003

****SIGNATURE
AND GRADE: _____

(b)(6)

TITLE: _____

BYDIROIC

Extension of Enlistment Operative/Cancelled

The extension identified hereon for _____ months (REASON: SCHOOL OTHER) is Operative () Cancelled () effective .

AUTHORITY: _____

****SIGNATURE
AND GRADE: _____

Certifying Officer Name and Rank



DEPARTMENT OF THE NAVY
NAVAL EDUCATION AND TRAINING PROFESSIONAL
DEVELOPMENT AND TECHNOLOGY CENTER
6480 SAUFLEY FIELD ROAD
PENSACOLA, FLORIDA 32509-5237

IN REPLY REFER TO:

1550
N3222
25 Nov 2002

COMMANDER
COMSPECBOATRON TWO
2220 SCHOFIELD ROAD SUITE 100
NORFOLK VA 23521-2845

Subj: RESULTS OF DEFENSE LANGUAGE PROFICIENCY TEST (DLPT) IV

Ref: (a) CNETINST 1550.9D
(b) OPNAVINST 1550.7B
(c) OPNAVINST 7220.7E

Encl: (1) Language Skill Level Descriptions

1. The following information is provided per paragraph 6 of reference (a).
2. Results may be interpreted using enclosure (1), an excerpt from reference (b).
3. Per references (b) and (c), this command only assigns skill levels 0 through 3.

RATE, NAME
SSN AND
LANGUAGE

DATE
TEST
TAKEN

LISTENING
COMPREHENSION
CONVERTED
SCORE LEVEL

READING
COMPREHENSION
CONVERTED
SCORE LEVEL

AO2 E.
SANCHEZ

(b)(6)

SPANISH

11/06/2002

(b)(6)

(b)(6)

(b)(6)

By direction

Copy to: (w/o encl)
DCNO M & P N132D8
PERS-312G
PERS-313C1



DEPARTMENT OF THE NAVY
NAVAL EDUCATION AND TRAINING PROFESSIONAL
DEVELOPMENT AND TECHNOLOGY CENTER
8490 SAUFLEY FIELD ROAD
PENSACOLA, FLORIDA 32509-5237

IN REPLY REFER TO:

1550
N3222
25 Nov 2002

COMMANDER
COMSPECBOATRON TWO
2220 SCHOFIELD ROAD SUITE 100
NORFOLK VA 23521-2845

Subj: RESULTS OF DEFENSE LANGUAGE PROFICIENCY TEST (DLPT) IV

Ref: (a) CNETINST 1550.9D
(b) OPNAVINST 1550.7B
(c) OPNAVINST 7220.7E

Encl: (1) Language Skill Level Descriptions

1. The following information is provided per paragraph 6 of reference (a).
2. Results may be interpreted using enclosure (1), an excerpt from reference (b).
3. Per references (b) and (c), this command only assigns skill levels 0 through 3.

RATE, NAME SSN AND LANGUAGE	DATE TEST TAKEN	LISTENING COMPREHENSION CONVERTED SCORE	LEVEL	READING COMPREHENSION CONVERTED SCORE	LEVEL
-----------------------------------	-----------------------	--	-------	--	-------

AO2 E.
SANCHEZ

(b)(6)
SPANISH

11/06/2002

(b)(6)

(b)(6)

(b)(6)

By direction

Copy to: (w/o encl)
DCNO M & P N132D8
PERS-312G
PERS-313C1

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, ERIC T				2. Rate AW2		3. Desig SWCC		4. SSN (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/265 <input type="checkbox"/>		6. UIC 44392		7. Ship/Station SPECBOATU 20			8. Promotion Status REGULAR		9. Date Reported 01SEP15		
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. Detachment of Individual <input type="checkbox"/> 12. Promotion/Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>				Period of Report 14. From: 01SEP01 15 To 02MAR15							
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/> 19. <input type="checkbox"/>		20. Physical Readiness (b)(6)			21. Billet Subcategory (if any) SPECIAL02				
22. Reporting Senior (Last, FI, MI) (b)(6)		23. Grade LCDR		24. Desig 1130		25. Title XO		26. UIC 42223		27. SSN (b)(6)	
28. Command employment and command achievements. Operate, train, equip and deploy Combatant Craft Detachments to conduct Naval Special Warfare operations in CONUS, USSOUTHCOM, and USEUCOM for contingency, OPLAN execution and exercises under COMSECONDFLT, COMSIXTHFLT, COMSOC SOUTH, COMSOCEUR, and COMSOCJFCOM											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) SWCC PRI: Special Warfare Combatant Craft Crewman (SWCC) Indoctrination. LPO for SWCC Indoc. personnel-5. POOW-5.											

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, ERIC T	2. Rate AW2	3. Desig SWCC	4. SSN (b)(6)
--	----------------	------------------	------------------

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.
Completed: IS 1&C courses.

(b)(6)

&11L

/FC12/3
DCN: 129900078P

EVENT: R25 RECORD OF EMERGENCY DATA/DEPENDENCY APPLICATION

RECORD OF EMERGENCY DATA NAVPERS 1070/602R

SSN: (b)(6)

NAME: SANCHEZ ERIC TROY

(b)(6)

(b)(6)

(b)(6)

NAVPERS 1070/602R

PAGE: 01 OF 03

EVENT: R25 RECORD OF EMERGENCY DATA/DEPENDENCY APPLICATION

RECORD OF EMERGENCY DATA NAVPERS 1070/602R

SSN: (b)(6)

NAME: SANCHEZ ERIC TROY

(b)(6)

(b)(6)

(b)(6)

/FC12/39/
DCN: 129900078P

EVENT: R25 RECORD OF EMERGENCY DATA/DEPENDENCY APPLICATION

RECORD OF EMERGENCY DATA NAVPERS 1070/602R

SSN: (b)(6)

NAME: SANCHEZ ERIC TROY

(b)(6)

RecsOP/By Dman 01NOV01
TITLE DATE

NAVPERS 1070/602R

PAGE: 03 OF 03

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, EREK				2. Rate AW2		3. Desig		4. (b)(6)		
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/265 <input type="checkbox"/>		6. UIC 68869		7. Ship/Station NAVSPECWARCEN			8. Promotion Status REGULAR		9. Date Reported 01MAR14	
Occasion for Report 10. Periodic <input type="checkbox"/> 11. Detachment of Individual <input checked="" type="checkbox"/>			Promotion/ 12. Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>			Period of Report 14. From: 01MAR07 15. To: 01AUG31				
16. Not Observed Report <input checked="" type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/>		18. Concurrent <input type="checkbox"/> 19. <input type="checkbox"/>		20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) STUDENT		
22. Reporting Senior (Last, FI MI) (b)(6)			23. Grade CDR		24. Desig 1130		25. Title DOT		26. UIC 68869	
							27. SEN		(b)(6)	
28. Command employment and command achievements. To train and educate United States Armed Forces, Allied Armed Forces and other personnel in basic and advanced Naval Special Warfare (NSW) tactics, techniques and procedures.										
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) STUDENT Special Warfare Combatant Crewman Basic course (K-060-0030). LV/TT: None.										

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, EREK	2. Rate AW2	3. Desig	4. SSN (b)(6)
--	----------------	----------	------------------

(b)(6)

(b)(6)

(b)(6)

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

(b)(6)

1616-1

ENLARGED PERFORMANCE EVALUATION REPORT

1 NAME (LAST, FIRST, MIDDLE OR MIDDLE INITIAL) SANCHEZ, ERIC T				2 RATE AT3		3 SSN (b)(6)	
BRANCH/CLASS 4 <input type="checkbox"/> USN		5 <input checked="" type="checkbox"/> USNR		STATUS 6 <input checked="" type="checkbox"/> ACTIVE		7 <input type="checkbox"/> INACTIVE	
				8 <input type="checkbox"/> TEMAC		9 <input type="checkbox"/> ACDUTRA	
10 MEMBER'S SHIP OR STATION (VF-124) FITRON ONE TWO FOUR				11 MEMBER'S UIC 09095		12 DATE REPORTED 88OCT26	
OCCASION FOR REPORT 13 <input type="checkbox"/> PERIODIC				14 <input type="checkbox"/> TRANSFER		15 OTHER SPEC	
16 FROM 89JUL17				17 TO 90FEB21			
TYPE OF REPORT 18 <input type="checkbox"/> REGULAR				19 <input checked="" type="checkbox"/> CON-CURRENT		20 PHYSICAL READINESS (b)(6)	
21 RESERVE PART				22 DATE OF RATE 89SEP16			
23 REPORTING SENIOR'S NAME (LAST AND INITIALS) (b)(6)				24 RANK LCDR		25 TITLE ASST DEPT HD	
						26 SSN (b)(6)	

(b)(6)

50 MEMBER'S LAST NAME, INITIALS SANCHEZ, E T	51 SSN (b)(6)	PERIOD OF REPORT 52 From 89JUL17 53 To 90FEB21
---	------------------	---

54 DUTIES AND RESPONSIBILITIES

ASSIGNED TAD FROM NARCEN NAS MIRAMAR AS A CREWMEMBER, INTEGRATED WEAPONS TEAM BRANCH, AVIONICS/ARMAMENT DIVISION. PERFORMS ORGANIZATIONAL LEVEL MAINTENANCE ON COMMUNICATIONS, NAVIGATION, WEAPONS/FIRE CONTROL AND ECM SYSTEMS ON 33 F-14A AIRCRAFT. MILITARY DUTIES: PETTY OFFICER OF THE WATCH, DUTY DRIVER, AND BARRACKS/GATE/HANGAR/LINE SECURITY WATCHES.

55 SPECIAL ACHIEVEMENTS

PQS COMPLETED: F-14A AIRCRAFT MAINTENANCE FAMILIARIZATION (NAVEDTRA 43425-1Q1), 89AUG29.

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, ERIC T				2. Rate AW2		3. Desig AW		4. SSN (b)(6)															
5. ACT <input checked="" type="checkbox"/>		TAR <input type="checkbox"/>		INACT <input type="checkbox"/>		AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 46129		7. Ship/Station NAVSTA ROTA SP		8. Promotion Status REGULAR		9. Date Reported 98APR01									
Occasion for Report 10. Periodic <input type="checkbox"/>				Detachment 11. of Individual <input checked="" type="checkbox"/>				Promotion/ 12. Frocking <input type="checkbox"/>				13. Special <input type="checkbox"/>				Period of Report 14. From: 00MAR16 15. To: 01MAR06							
16. Not Observed Report <input type="checkbox"/>				Type of Report 17. Regular <input checked="" type="checkbox"/>				18. Concurrent <input type="checkbox"/>				19. <input type="checkbox"/>				20. Physical Readiness (b)(6)				21. Billet Subcategory (if any) NA			
22. Reporting Senior (b)(6)				23. Grade LT				24. Desig 6490				25. Title SECURITY OFF				26. UIC 46129				27. SSN (b)(6)			
28. Command employment and command achievements. Security, Force protection, law enforcement and logistics support of SIXTH Fleet operating forces and assigned commands and activities for an overseas military community of over 5,000 personnel.																							
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) <div>PATROL/JOOD</div> Patrolman-6. Conducts building checks, traffic stops and responds to all service/security emergency calls. JOOD-6. COLL: Bike Patrol-6.																							

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, ERIC T	2. Rate AW2	3. Desig AW	4. SSN (b)(6)
--	----------------	----------------	------------------

(b)(6)

(b)(6)

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

Qualified: 9mm Pistol.

(b)(6)



DEPARTMENT OF THE NAVY
NAVAL SPECIAL WARFARE CENTER
2448 TRIDENT WAY
SAN DIEGO, CALIFORNIA 92165-5404

1550
Code 05
29 Aug 01

From: Commanding Officer, Naval Special Warfare Center
To: Commander, Navy Personnel Command (PERS 313C1), 5720
Integrity Drive, Millington, TN 38055-3130

Subj: RESULTS OF DEFENSE LANGUAGE APTITUDE BATTERY (DLAB)

Ref: (a) CNETINST 1550.9D

1. Naval Special Warfare Center's DLAB Control Officer (DLABCO) administered the DLAB to Special Warfare Combatant Craft (SWCC) students. Per paragraph 5 of reference (a), the following information is provided:

Rate/Name	SSN	Date Taken	Raw Score	Standard Score
AW2 E. T. Sanchez	(b)(6)	8724701	(b)(6)	

2. Point of contact is

(b)(6)

(b)(6)

by direction

Copy to:
NPC-312G
DLIFLC
CNO (N13F)



DEPARTMENT OF THE NAVY
NAVAL SPECIAL WARFARE CENTER
2448 TRIDENT WAY
SAN DIEGO, CALIFORNIA 92135-5404

1550
Code 05
29 Aug 01

From: Commanding Officer, Naval Special Warfare Center
To: Commander, Navy Personnel Command (PERS 313C1), 5720
Integrity Drive, Millington, TN 38055-3130

Subj: RESULTS OF DEFENSE LANGUAGE APTITUDE BATTERY (DLAB)

Ref: (a) CNETINST 1550.9D

1. Naval Special Warfare Center's DLAB Control Officer (DLABCO) administered the DLAB to Special Warfare Combatant Craft (SWCC) students. Per paragraph 5 of reference (a), the following information is provided:

<u>Rate/Name</u>	<u>SSN</u>	<u>Date Taken</u>	<u>Raw Score</u>	<u>Standard Score</u>
AW2 E. T. Sanchez	(b)(6)	8/24/01	(b)(6)	

2. Point of contact is

(b)(6)

(b)(6)

(b)(6)

By direction

Copy to:
NPC-312G
DLIFLC
CNO (N13F)



DEPARTMENT OF THE NAVY
NAVAL SPECIAL WARFARE CENTER
2448 TRIDENT WAY
SAN DIEGO, CALIFORNIA 92155-5404

1550
Code 05
29 Aug 01

From: Commanding Officer, Naval Special Warfare Center
To: Commander, Navy Personnel Command (PERS 313C1), 5720
Integrity Drive, Millington, TN 38055-3130

Subj: RESULTS OF DEFENSE LANGUAGE APTITUDE BATTERY (DLAB)

Ref: (a) CNETINST 1550.9D

1. Naval Special Warfare Center's DLAB Control Officer (DLABCO) administered the DLAB to Special Warfare Combatant Craft (SWCC) students. Per paragraph 5 of reference (a), the following information is provided:

Rate/Name	SSN	Date Taken	Raw Score	Standard Score
AW2 E. T. Sanchez	(b)(6)	8/24/01	(b)(6)	

2. Point of contact is

(b)(6)

(b)(6)

(b)(6)

By direction

Copy to:
NPC-312G
DLIFLC
CNO (N13F)

OFFICIAL R

X

&10L &11L

DCN: 105100011P /F

EVENT: R25 RECORD OF EMERGENCY DATA/DEPENDENCY APPLICATION

051/005

RECORD OF EMERGENCY DATA NAVPERS 1070/602R

SSN: (b)(6)

NAME: SANCHEZ ERIC TROY

(b)(6)

(b)(6)

(b)(6)

EVENT: R25 RECORD OF EMERGENCY DATA/DEPENDENCY APPLICATION

RECORD OF EMERGENCY DATA NAVPERS 1070/602R

SSN: (b)(6)

NAME: SANCHEZ ERIC TROY

(b)(6)

(b)(6)

(b)(6)

EVENT: R25 RECORD OF EMERGENCY DATA/DEPENDENCY APPLICATION

RECORD OF EMERGENCY DATA NAVPERS 1070/602R

SSN:

(b)(6)

NAME: SANCHEZ ERIC TROY

(b)(6)

(b)(6)

TITLE

LPO BYDR

DATE

2/20/01

/FC12/39/
DCN: 105100011P

OSI/005

EVENT: R25 RECORD OF EMERGENCY DATA/DEPENDENCY APPLICATION

DEPENDENCY APPLICATION NAVPERS 1070/602R

SSN: (b)(6)

NAME: SANCHEZ ERIC TROY

(b)(6)

(b)(6)

(b)(6)

/FC12/39/
DCN: 105100007P

EVENT: R25 RECORD OF EMERGENCY DATA/DEPENDENCY APPLICATION

DEPENDENCY APPLICATION NAVPERS 1070/602R

SSN: (b)(6)

NAME: SANCHEZ ERIC TROY

(b)(6)

(b)(6)

TITLE

LPO BYDIR 2/2/01

DATE

NAVPERS 1070/602R

PAGE: 02 OF 02

&10L

/F
DCN: 103700105P

EVENT: C02 AGREEMENT TO EXTEND

038/001

AGREEMENT TO EXTEND ENLISTMENT NAVPERS 1070/621

NAME: SANCHEZ ERIC TROY

SSN: (b)(6)

BR/CL: USN

Having enlisted in the UNITED STATES NAVY/NAVAL RESERVE on 97MAR17 for 4 years, I do voluntarily agree to (further) extend my enlistment for 03 months (REASON: SCHOOL 00 OTHER 03), subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 010716. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totalling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated: TO HAVE SUFFICIENT OBLIGATED SERVICE FOR BUPERS ORDER 2370. I UNDERSTAND THAT THIS EXTENSION BECOMES BINDING UPON EXECUTION AND MAY NOT BE THEREAFTER CANCELED, EXCEPT AS PROVIDED IN MILPERSMAN 1160-040. I HAVE BEEN INFORMED OF THE PROVISIONS OF THE SRB PROGRAM AND THE EXECUTION OF THIS EXTENSION OF ENLISTMENT MAY AFFECT MY ENTITLEMENT TO MONETARY BENEFITS FOR A SUBSEQUENT REENLISTMENT.
MEO/010206

UIC: 46129 STATUS: ACTIVE X INACTIVE RATE: AW2 PEBD: 870130
COMBAT ZONE: NO TOTAL AGGREGATE MOS: 04

SHIP OR STATION: NS ROTA SEC DET

LOCATION OF SHIP OR STATION: NAVSTA SECURITY ROTA SPAIN

SIGNATURE (b)(6)
***OF MEMBER

FIRST MIDDLE LAST

Witnessed and accepted
on behalf of the UNITED STATES NAVY
this 6th day of FEBRUARY , A.D. 2001

**** SIGNATURE (b)(6) TITLE: TM1 SUPVBYDIROIC
AND GRADE:

=====

CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR __ MONTHS, IS CANCELLED EFFECTIVE ____.
AUTHORITY:

**** SIGNATURE
AND GRADE: _____
CERTIFYING OFFICER NAME AND RANK

&10L

DCN: 105200041P /F

EVENT: C02 AGREEMENT TO EXTEND

AGREEMENT TO EXTEND ENLISTMENT NAVPERS 1070/621

NAME: SANCHEZ ERIC TROY

SSN

(b)(6)

BR/CL: USN

Having enlisted in the UNITED STATES NAVY/NAVAL RESERVE on 97MAR17 for 4 years, I do voluntarily agree to (further) extend my enlistment for 24 months (REASON: SCHOOL 00 OTHER 24), subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 030716. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totalling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated: TO HAVE SUFFICIENT OBLIGATED SERVICE FOR BUPERS ORDER 2370. I UNDERSTAND THAT THIS EXTENSION BECOMES BINDING UPON EXECUTION AND MAY NOT BE THEREAFTER CANCELED, EXCEPT AS PROVIDED IN MILPERSMAN 1160-040. I HAVE BEEN INFORMED OF THE PROVISIONS OF THE SRB PROGRAM AND THE EXECUTION OF THIS EXTENSION OF ENLISTMENT MAY AFFECT MY ENTITLEMENT TO MONETARY BENEFITS FOR A SUBSEQUENT REENLISTMENT.
MEO/010221

UIC: 46129 STATUS: ACTIVE X INACTIVE RATE: AW2 PEBD: 870130
COMBAT ZONE: NO TOTAL AGGREGATE MOS: 28

SHIP OR STATION: NS ROTA SEC DET

LOCATION OF SHIP OR STATION: NAVSTA SECURITY ROTA SPAIN

SIGNATURE
***OF MEMBER

(b)(6)

Witnessed and accepted
on behalf of the UNITED STATES NAVY
this 21st day of FEBRUARY A.D. 2001

**** SIGNATURE
AND GRADE

(b)(6)

TITLE: TM1 SUPVBYDIROIC

CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR __ MONTHS, IS CANCELLED EFFECTIVE ____.
AUTHORITY:

**** SIGNATURE
AND GRADE:

CERTIFYING OFFICER NAME AND RANK

NAVPERS 1070/621

PART 1 OF 2

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, ERIC T				2. Rate AW2		3. Desig AW		4. SSN (b)(6)											
5. ACT <input checked="" type="checkbox"/>		TAR <input type="checkbox"/>		INACT <input type="checkbox"/>		AT/ADSW/ <input type="checkbox"/> 265		6. UIC 46129		7. Ship/Station NAVSTA ROTA SP		8. Promotion Status REGULAR		9. Date Reported 98APR01					
Occasion for Report 10. Periodic <input checked="" type="checkbox"/>				Detachment 11. of Individual <input type="checkbox"/>				Promotion/ 12. Frocking <input type="checkbox"/>				13. Special <input type="checkbox"/>				Period of Report 14. From: 99MAR16 15. To: 00MAR15			
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/>				18. Concurrent <input type="checkbox"/>				19. <input type="checkbox"/>				20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA			
22. Reporting Senior (Last, FI MI) (b)(6)				23. Grade CDR		24. Desig 1310		25. Title XO				26. UIC 62863		27. 220 00 0010					

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, ERIC T	2. Rate AW2	3. Desig AW	4. SSN (b)(6)
--	----------------	----------------	------------------

(b)(6)

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.
Qualified: 9mm Pistol and Bike Patrol.

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1 - E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ ERIC T				2. Rate AW2		3. Desig AW		4. SSN (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/ 265		6. UIC 46129		7. Ship/Station NAVSTA ROTA SP			8. Promotion Status REGULAR		9. Date Reported 98APR01		
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. Detachment of Individual <input type="checkbox"/> 12. Promotion/Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>						Period of Report 14. From: 98APR02 15. To: 99MAR15					
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/> 19. <input type="checkbox"/>				20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA			
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade LCDR		24. Desig 1110		25. Title XO		26. UIC 62863		27. SSN (b)(6)	
28. Command employment and command achievements. Support of SIXTH Fleet with port/airfield facilities. Security Department performs law enforcement and physical security functions for an overseas military and civilian community of over 7,000 personnel.											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) PATROLMAN Patrolman-9. Conducts building checks, traffic stops and responds to all service/security emergency calls.											

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1 - E6) (cont'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ ERIC T	2. Rate AW2	3. Desig AW	4. SSN (b)(6)
--	-----------------------	-----------------------	-------------------------

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

Awarded: Outstanding PRT Certificate. Qualified: 9mm Pistol (Expert),
JQR Level II, 2nd class swimmer and PR-24 Baton. Completed: Emergency

(b)(6)

1616-1

ENLISTED PERFORMANCE EVALUATION REPORT

1 NAME (LAST, FIRST, MIDDLE OR MIDDLE INITIAL) SANCHEZ, ERIC T			2 RATE ATAN		3 SSN (b)(6)				
BRANCH/CLASS 4 <input type="checkbox"/> USN		5 <input checked="" type="checkbox"/> USNR		STATUS 6 <input checked="" type="checkbox"/> ACTIVE		7 <input type="checkbox"/> INACTIVE	8 <input type="checkbox"/> TEMAC	9 <input type="checkbox"/> ACDUTRA	
10 MEMBER'S SHIP OR STATION (VF-124) FITRON ONE TWO FOUR				11 MEMBER'S UIC 09095		12 DATE REPORTED 88OCT26			
OCCASION FOR REPORT 13 <input type="checkbox"/> PERIODIC				14 <input type="checkbox"/> TRANSFER		15 OTHER ADV		PERIOD OF REPORT 16 FROM 89FEB01	17 TO 89JUL15
TYPE OF REPORT 18 <input checked="" type="checkbox"/> REGULAR		19 <input checked="" type="checkbox"/> CON-CURRENT		20 PHYSICAL READINESS (b)(6)		21 RESERVE PART		22 DATE OF RATE 88AUG16	
23 REPORTING SENIOR'S NAME (LAST AND INITIALS) (b)(6)				24 RANK LCDR		25 TITLE ASST DEPT HD		26 SS (b)(6)	

(b)(6)

50 MEMBER'S LAST NAME, INITIALS SANCHEZ, E T	51 SSN (b)(6)	PERIOD OF REPORT From 89FEB01 53 To 89JUL15
---	------------------	--

54 DUTIES AND RESPONSIBILITIES

CREWMEMBER IN THE ELECTRONICS BRANCH OF THE AVIONICS/ARMAMENT DIVISION. PERFORMS ORGANIZATIONAL LEVEL MAINTENANCE ON THE COMM/NAV/ECM SYSTEMS OF THE F-14A AIRCRAFT. MILITARY DUTIES: GATE/HANGAR/LINE SECURITY WATCHES. DETACHMENT: USS INDEPENDENCE (CV 62) 89MAY31-89JUN06.

55 SPECIAL ACHIEVEMENTS

NONE.

(b)(6)

OFFICIAL RECORD

098-003

EVENT: C02 AGREEMENT TO EXTEND

AGREEMENT TO EXTEND ENLISTMENT NAVPERS 1070/621

NAME: SANCHEZ ERIC TROY

SSN: (b)(6)

BR/CL: USN

I have enlisted in the UNITED STATES NAVY/NAVAL RESERVE on _____ for _____ years, and voluntarily agree to (further) extend my enlistment for 01 months (REASON: 01000 00 OTHER 01), subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 010416. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totalling 24 months or greater require a physical examination prior to the extension becoming effective. No promises of any kind have been made to me except as indicated: I HAVE SUFFICIENT OBLISERV TO ACCEPT BUPERS ORDER TC-3147(01).

I UNDERSTAND THAT THIS EXTENSION BECOMES BINDING UPON EXECUTION AND MAY NOT HEREAFTER BE CANCELLED EXCEPT AS PROVIDED FOR IN MILPERSMAN 1050150. I HAVE HAD EXPLAINED TO ME THE PROVISIONS OF THE SRB PROGRAM AND THE EXECUTION OF THIS EXTENSION OF ENLISTMENT MAY AFFECT MY ENTITLEMENT TO MONETARY ALLOWANCES FOR A SUBSEQUENT ENLISTMENT.

BEST DOCUMENT AVAILABLE

IS IT MY FIRST EXTENSION FOR THIS ENLISTMENT.

DDC: 46129 STATUS: ACTIVE X INACTIVE RATE: AW2 PEBD:
COMBAT ZONE: NO TOTAL AGGREGATE MOS: 01

SHIP OR STATION: NS ROTA SEC DET

LOCATION OF SHIP OR STATION: SECDET NAVSTA ROTA SPAIN

SIGNED BY:

DATE: MEMBER

SIGNATURE ON FILE

FIRST MIDDLE LAST

Witnessed and accepted
on behalf of the UNITED STATES NAVY
this 02nd day

ATTEST SIGNATURE
AND GRADE

(b)(6)

TITLE: RCPTSUPV BYDIROIC

IN

CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR _____ MONTHS; IS CANCELLED EFFECTIVE _____
AUTHORITY:

ATTEST SIGNATURE
AND GRADE:

CERTIFYING OFFICER NAME AND RANK

NAVPERS 1070/621

PART 1 OF 2

EVENT: R25 RECORD OF EMERGENCY DATA/DEPENDENCY APPLICATION

RECORD OF EMERGENCY DATA NAVPERS 1070/602R

SSN: (b)(6)

NAME: SANCHEZ ERIC TROY

(b)(6)

(b)(6)

(b)(6)

(b)(6)

EVENT: R25 RECORD OF EMERGENCY DATA/DEPENDENCY APPLICATION

RECORD OF EMERGENCY DATA NAVPERS 1070/602R

SSN: (b)(6)

NAME: SANCHEZ ERIC TROY

(b)(6)

(b)(6)

EVENT: R25 RECORD OF EMERGENCY DATA/DEPENDENCY APPLICATION

RECORD OF EMERGENCY DATA NAVPERS 1070/602R

SSN:

(b)(6)

NAME: SANCHEZ ERIC TROY

(b)(6)

(b)(6)

PN1(SW) USN

TITLE

4/6/98
DATE

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- ☒ Name, change or update your beneficiary
☐ Reduce the amount of your insurance coverage
☐ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last Name SANCHEZ, ERIC T.	First name	Middle name	Rank, title, or grade AW2/E5	Social Security Number (b)(6)
-------------------------------	------------	-------------	---------------------------------	----------------------------------

Branch of Service (Do not abbreviate) UNITED STATES NAVY	Current Duty Location SECDET NAVSTA ROTA SPAIN
---	---

Amount of Insurance

By law, you are automatically insured for \$200,000. *If you want \$200,000 of insurance, skip to Beneficiary(ies) and Payment Options. If you want less than \$200,000 of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in the following amounts: \$190,000, \$180,000, \$170,000, \$160,000, \$150,000, \$140,000, \$130,000, \$120,000, \$110,000, \$100,000, \$90,000, \$80,000, \$70,000, \$60,000, \$50,000, \$40,000, \$30,000, \$20,000, \$10,000. If you do not want any insurance, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."*

☐ I want coverage in the amount of \$_____ Your initials _____

☐ _____

(Write "I do not want insurance at this time.")

Note: Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1. (b)(6)		(b)(6)	50%	LUMP SUM
2. (b)(6)		(b)(6)	50%	LUMP SUM
Contingent				
1. (b)(6)		(b)(6)	50%	LUMP SUM
2. (b)(6)		(b)(6)	50%	LUMP SUM
3.				
4.				

I HAVE READ AND UNDERSTAND the instructions on the front and back of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions
- The proceeds will be paid to beneficiaries as stated in #6 on the back of this form, unless otherwise stated above
- If I have legal questions about this form, I may consult with a military attorney at no expense to me
- I cannot have combined SGLI and VGLI coverage at the same time for more than \$200,000

SIGN HERE IN INK ▶ (b)(6) _____ Date: 3 APR 98

Do not write in space below - For official use only.

(b)(6)	RANK, TITLE OR GRADE PN3, PERSCLERK	ORGANIZATION PSD ROTA SPAIN	DATE RECEIVED 980403
--------	--	--------------------------------	-------------------------

77/115
/FC30/
DCN: 707000039P

EVENT: C01 REENLISTMENT CONTRACT

IMMEDIATE REENLISTMENT CONTRACT NAVPERS 1070/601

NAME: SANCHEZ ERIC TROY

SSN: (b)(6) BR/CL USN

FIRST: I am reenlisting in the UNITED STATES NAVY/NAVAL RESERVE for 4 years from 97MAR17, unless sooner discharged by proper authority. My new contract expiration date is 01MAR16.

SECOND: I have read and understand SECTION 5540 OF TITLE 10 OF THE UNITED STATES CODE: (a) The senior officer present afloat in foreign waters shall send to the United States by Government or other transportation as soon as possible each enlisted member of the naval service who is serving on a naval vessel, whose term of enlistment has expired, and who desires to return to the United States. However, when the senior officer present afloat considers it essential to the public interest, he may retain such a member on active duty until the vessel returns to the United States. (b) Each member retained under this section: (1) shall be discharged not later than 30 days after his arrival in the United States; and (2) except in time of war is entitled to an increase in basic pay of 25 percent. (c) The substance of this section shall be included in the enlistment contract of each person enlisting in the naval service.

THIRD: I understand that I may be extended on, or ordered to active duty for the duration of any war or national emergency declared by Congress, and for 6 months thereafter, and that my agreed period of active service may be extended as otherwise authorized by law.

FOURTH: I have had this contract fully explained to me, I understand it and certify that no promise of any kind has been made to me concerning assignment to duty, geographical area, schooling, special programs, assignment of government quarters, or transportation of dependents except as indicated: TO ATTEND BASIC UNDERWATER DEMOLITION/SEAL TRNG (BUDS) V.

UIC: 49911 STATUS: ACTIVE X INACTIVE RADO MONTHS/DAYS: / DOB: (b)(6)
PLACE OF REENLISTMENT: NAS JRB WILLOW GROVE PA ADSD: 870825 PEBD: 870130
HOME OF RECORD: (b)(6) CA RATE: AW2 DATE OF PAYGRADE: 930616
CITIZENSHIP: (b)(6) CITIZEN COUNTRY: (b)(6) DATE LAST DISCHARGE: 970316
TOTAL ACTIVE SERVICE: 09/08/17 TOTAL PRIOR INACTIVE SERVICE: 00/00/00
YEARS/MONTHS/DAYS YEARS/MONTHS/DAYS

OATH OF ENLISTMENT: I, ERIC TROY SANCHEZ, do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulation and the Uniform Code of Military Justice. So help me God. I swear (or affirm) that I am fully aware and fully understand the conditions under which I am enlisting.

**** SIGNATURE OF REENLISTEE: (b)(6)

Subscribed and sworn before me this 17th DAY OF MARCH, A.D. 1997

SIGNATURE
AND GRADE

(b)(6)

OFFICIAL TITLE: OPERATIONS OFFICER

NAVPERS 1

MAR 07 1997 1

EVALUATION REPORT & COUNSELING RECORD (E1 - E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, ERIC T				2. Rate AW2		3. Desig NAC		4. SSN (b)(6)		
5. ACT <input type="checkbox"/> TAR <input checked="" type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/ 265		6. UIC 09174		7. Ship/Station VP-66 CCWG DET			8. Promotion Status REGULAR		9. Date Reported 94AUG04	
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. Detachment of Individual <input type="checkbox"/> 12. Promotion/Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>						Period of Report 14. From: 96MAR16 15. To: 97MAR15				
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/> 19. <input type="checkbox"/>				20. Physical Readiness (b)(6)		21. Billet Subcategory (if any) NA		
22. Reporting Senior (Last, FI MI) B (b)(6)			23. Grade DR		24. Desig 1315		25. Title CO		26. UIC 09174	
27. SSN (b)(6)										
28. Command employment and command achievements. Dual mission reserve force squadron. Provides peacetime contributory support to fleet CINCs. Deployed Keflavik-2; Sigonella-2; UNITAS-1. Provides electronic warfare training to CVBGs. Deployed SOPAC, EASTPAC, LANT and CARIB-4. Awarded Meritorious Unit Comm.										
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) P3 AIRCREWMAN PRI: EP3J Radar Operator-12; Assistant NWPL Custodian-3; Operations Airlift Coordinator-9. COLL: NAWSTP Instructor-12; Command Assessment Team-12; Command Master at Arms-3. WATCH: ASDO.										

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1 - E6) (cont'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, ERIC T	2. Rate AW2	3. Desig NAC	4. SSN (b)(6)
--	----------------	-----------------	------------------

(b)(6)

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

Volunteer for Commitment to Excellence Program; Volunteer coordinator for
Physical Training Instructor for Sea Cadets.

(b)(6)

(b)(6)

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1 - E6)

MAY 14 1997 MR

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, ERIC T				2. Rate AW2		3. Desig NAC		4. <small>CONT</small> (b)(6)							
5. ACT <input type="checkbox"/>		TAR <input checked="" type="checkbox"/>		INACT <input type="checkbox"/>		AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 09174		7. Ship/Station VP-66 CCWG DET		8. Promotion Status REGULAR		9. Date Reported 94AUG04	
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. Detachment of Individual <input type="checkbox"/> 12. Promotion/Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>										Period of Report 14. From: 95APR01 15. To: 96MAR15					
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/>		18. Concurrent <input type="checkbox"/>		19. <input type="checkbox"/>		20. <small>Business</small> I (b)(6)		21. Billet Subcategory (if any) NA					
22. Reporting Senior (Last, FI MI) (b)(6)				23. Grade CDR		24. Desig 1317		25. Title CO		26. UIC 09174		27. <small>CONT</small> (b)(6)			
28. Command employment and command achievements. DUAL MISSION RESERVE FORCE SQUADRON. PROVIDES PEACETIME CONTRIBUTORY SUPPORT TO FLEET CINCS. DEPLOYED CARIB -2. ALSO PROVIDES ELECTRONIC WARFARE TRAINING TO DEPLOYING CARRIER BATTLE GROUPS. DEPLOYED WESTPAC, EASTPAC, LANT AND CARIB-6.															
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) P3 AIRCREWMAN PRI: EP3J RADAR OPERATOR - 12; ASSISTANT NWPL CUSTODIAN - 12; COLL: COLL: MESSAGE HANDLER - 12; AIRLIFT COORDINATOR - 12 WATCH: ASDO															

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1 - E6) (cont'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, ERIC T	2. Rate AW2	3. Desig NAC	4. SSN (b)(6)
--	----------------	-----------------	------------------

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period. COMPLETED PRE-BUD/S SELECTION COURSE QUALIFYING AS UDT/SEAL CANDIDATE; VOLUNTEER	(b)(6)
(b)(6) VOLUNTEER (b)(6)	

(b)(6)

(PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM)

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT - This form is for use by **ACTIVE DUTY AND RESERVE MEMBERS**. This form does not apply to and cannot be used for any other Government Life Insurance.

USE THIS
FORM FOR

1. REDUCING OR REFUSING INSURANCE

2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID

(Do not make erasures, corrections or changes. Complete a new form)

LAST NAME - FIRST NAME - MIDDLE NAME

SANCHEZ, ERIC TROY

RANK, TITLE OR GRADE

AW3

(b)(6)

BRANCH OF SERVICE (Do not abbreviate)

U.S. Navy (TAR)

CURRENT DUTY LOCATION

VP-93 NAF DETROIT, MI

1. REDUCING OR REFUSING INSURANCE

By law you are automatically insured for \$50,000. If you do not want \$50,000 insurance write below in your own handwriting "I want only \$40,000, \$30,000, \$20,000, \$10,000 insurance," or "I want no insurance" as you prefer. Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.

BE SURE TO
COMPLETE
PART 2

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES) (Read instructions C and D on reverse)

IMPORTANT - You must write in the spaces below:

- (1) The names and other information for persons you want to receive your insurance, or
- (2) "By Law" in your own handwriting if you wish the law to apply (as explained on reverse)

Insurance is paid in a lump sum or 36 equal monthly installments at the option of the beneficiary(ies). If you insert "36" under "Payments to Beneficiary," payment will be made only in 36 equal monthly installments.

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (If married woman, give her own first and middle names and husband's last name)	RELATION- SHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY (Use fractions such as 1/2, 2/3, 3/4, or "ALL")	PAYMENTS TO BENEFICIARY (Insert "36" if monthly payment; desired. See D on reverse)
PRINCIPAL (F)			
(b)(6)	(b)(6)	ALL	
CONTINGENT (Second - If principal beneficiary dies before me or before completion of installment payments to the principal beneficiary)			
(b)(6)	(b)(6)	ALL	

NOTE: If more than one principal beneficiary is named, the share of any such beneficiary who dies before me shall be distributed equally among the surviving principal beneficiaries. If there is no surviving principal beneficiary the proceeds shall be distributed equally to the surviving contingent beneficiaries. This Designation of Beneficiary shall be void if none of the designated beneficiaries is living at my death. If after completion of this form my insurance is increased, this beneficiary designation shall apply to the full amount in force unless a new designation is made.

I UNDERSTAND that this form cancels any prior beneficiary or payment instructions and that unless I have named the beneficiary(ies) above, my insurance will be paid under the "Provisions of the Law" as explained on the reverse of this form.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverage at the same time for more than \$50,000.

SIGN HERE
IN INK

(b)(6)

DATE COMPLETED 30 MAR 92

(b)(6)

PSN

ORGANIZATION

PSD DETROIT

DATE RECEIVED

970330

(PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM)

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT - This form is for use by ACTIVE DUTY AND RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.

USE THIS
FORM FOR

1. ELECTING, REDUCING OR REFUSING
INSURANCE

2. STATING TO WHOM AND HOW
INSURANCE SHOULD BE PAID

(Do not make erasures, corrections or changes; complete a new form)

LAST NAME, FIRST NAME, MIDDLE NAME

RANK, TITLE OR GRADE

SERVICE OR SOCIAL SECURITY NO.

BRANCH OF SERVICE (Do not abbreviate)

PRESENT DUTY LOCATION

(b)(6)

UNITED STATES NAVY

VP-93 NAF DETROIT, S.A.N.G.B. MI 48065

1. AMOUNT OF INSURANCE

By law, you are automatically insured for \$100,000. An additional \$100,000 of coverage is available for you to select and would provide you with a maximum coverage of \$200,000. Should you wish to be covered for the full \$200,000 of insurance please initial the appropriate line below. If you want to elect an alternate amount of insurance please fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: \$190,000, \$180,000, \$170,000, \$160,000, \$150,000, \$140,000, \$130,000, \$120,000, \$110,000, \$100,000, \$90,000, \$80,000, \$70,000, \$60,000, \$50,000, \$40,000, \$30,000, \$20,000, \$10,000. If you do not want any insurance write in your own handwriting "I want no insurance". Reduced or refused insurance can be reinstated only by written request with proof of good health and compliance with other requirements.

ETS

\$200,000

(INITIAL)

(INITIAL)

(AMOUNT OF INSURANCE
PRINT CLEARLY)

BE SURE TO
COMPLETE
PART 2

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES) (Read instructions below and on reverse)

- Name the primary and contingent beneficiaries below. There are no restrictions on the number of principal and contingent beneficiaries you may name. In some family situations, such as if you are a step-child or step-parent, or if you were abandoned by a parent or adopted, or if you are separated from your spouse, you will, by naming specific beneficiaries, include or exclude certain persons as you desire.
- A named beneficiary will not be changed automatically by any event occurring after you complete this form (e.g., divorce, annulment, etc.). To change a beneficiary you must complete a new SGLV-8286.
- A last will and testament, a power of attorney, or any other document will not and cannot change or cancel any beneficiary on this form. You must complete a new SGLV-8286 to change a beneficiary.
- If you want to name a minor child or minor children as beneficiaries, it is very important that you read the instructions on the reverse side of this form.

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY (If married woman, give her own first and middle names; for ex. Mary Lee Smith not Mrs. John Smith)		SOCIAL SECURITY # (If known, see 1. D. on back)	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY (See 1. B. on back)	PAYMENTS OPTIONS TO BENEFICIARY 36 PMTS / LUMP SUM (See 1.1. on back)
PRINCIPAL (First)					
1	(b)(6)		(b)(6)	Full	36
2	(b)(6)		(b)(6)	Full	36
CONTINGENT (Second - If principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies))					
1	(b)(6)		(b)(6)	Full	36
2	(b)(6)		"	"	"

NOTE: If more than one principal beneficiary is named, the share of any such beneficiary who dies before me shall be distributed equally among the surviving principal beneficiaries (for another option, see 1. C. on the back). If there is no surviving principal beneficiary the proceeds shall be distributed equally to the surviving contingent beneficiaries. This Designation of Beneficiary shall be void if none of the designated beneficiaries is living at my death. If after completion of this form my insurance is increased, this beneficiary designation shall apply to the full amount in force unless a new designation is made.

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS ON THE FRONT AND REVERSE OF THIS FORM. I UNDERSTAND THAT THIS FORM CANCELS ANY PRIOR BENEFICIARY OR PAYMENT INSTRUCTIONS. I UNDERSTAND THAT IF I HAVE LEGAL QUESTIONS ABOUT THIS FORM I MAY CONSULT WITH A MILITARY ATTORNEY AT NO EXPENSE TO ME.

I UNDERSTAND that

the time for more than \$200,000.

SIGN HERE
IN INK

(b)(6)

DATE COMPLETED

06 DEC 92

WT

(b)(6)

RANK, TITLE OR GRADE

ORGANIZATION

DATE RECEIVED

(b)(6) BY DIR

VP-93

06 DEC 92

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE**IMPORTANT** - This form is for use by ACTIVE DUTY AND RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.USE THIS
FORM FOR**PART 1. ELECTING, REDUCING OR REFUSING
INSURANCE****PART 2. STATING TO WHOM AND HOW
INSURANCE SHOULD BE PAID**

(Do not make erasures, corrections or changes; complete a new form)

1. LAST NAME - FIRST NAME MIDDLE NAME

SAMUEL, ERIC T

2. RANK, TITLE OR GRADE

AW2/E-5

3. SERVICE OR SOCIAL SECURITY NO.

(b)(6)

4. BRANCH OF SERVICE (Do not abbreviate)

UNITED STATES NAVY

5. CURRENT DUTY LOCATION

Patterson Sigsbee (E-5) NAS Willow Grove, PA 19084

PART 1. AMOUNT OF INSURANCE

By law, you are automatically insured for \$100,000. An additional \$100,000 of coverage is available for you to select and would provide you with a maximum coverage of \$200,000. Should you wish to be covered for the full \$200,000 of insurance please initial the appropriate line below. If you want to elect an alternate amount of insurance please fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: \$190,000, \$180,000, \$170,000, \$160,000, \$150,000, \$140,000, \$130,000, \$120,000, \$110,000, \$100,000, \$90,000, \$80,000, \$70,000, \$60,000, \$50,000, \$40,000, \$30,000, \$20,000, \$10,000. If you do not want any insurance write in your own handwriting "I want no insurance". Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.

Eric \$200,000
(Initial)

(Initial)

\$ (Amount of Insurance)
(Print Clearly)

BE SURE TO
COMPLETE
PART 2**PART 2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES) (Read instructions below and on reverse)**

- Name the primary and contingent beneficiaries below. There are no restrictions on the number of principal and contingent beneficiaries you may name. In some family situations, such as if you are a step-child or step-parent, or if you were abandoned by a parent or adopted, or if you are separated from your spouse, you will, by naming specific beneficiaries, include or exclude certain persons, as you desire.
- A named beneficiary will not be changed automatically by any event occurring after you complete this form (e.g., divorce, annulment). To change a beneficiary you must complete a new SGLV 8286.
- A last will and testament, a power of attorney, or any other document will not and cannot change or cancel any beneficiary on this form. You must complete a new SGLV 8286 to change a beneficiary.
- If you want to name a minor child or minor children as beneficiaries, it is very important that you read the instructions on the reverse side of this form.

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY (If married woman, give her own first and middle names) for example, Mary Lisa Smith, not Mrs. John Smith	SOCIAL SECURITY # (If known, See 1.D. on back)	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY (See 1.B. on back)	PAYMENTS OPTIONS TO BENEFICIARY 36 PMTS/LUMP SUM (See 1.J. on back)
PRINCIPAL (First)				
1. (b)(6)		(b)(6)	1/2	36
(b)(6)		(b)(6)	1/2	36
CONTINGENT (Second - If principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies))				
(b)(6)		(b)(6)	1/2	36
2. (b)(6)		(b)(6)	1/2	36

NOTE: If more than one principal beneficiary is named, the share of any such beneficiary who dies before me shall be distributed equally among the surviving principal beneficiaries (For another option, see 1.C. on the back). If there is no surviving principal beneficiary the proceeds shall be distributed equally to the surviving contingent beneficiaries. This Designation of Beneficiary shall be void if none of the designated beneficiaries is living at my death. If after completion of this form my insurance is increased, this beneficiary designation shall apply to the full amount in force unless a new designation is made.

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS ON THE FRONT AND REVERSE OF THIS FORM. I UNDERSTAND THAT THIS FORM CANCELS ANY PRIOR BENEFICIARY OR PAYMENT INSTRUCTIONS. I UNDERSTAND THAT IF I HAVE LEGAL QUESTIONS ABOUT THIS FORM I MAY CONSULT WITH A MILITARY ATTORNEY AT NO EXPENSE TO ME.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than \$200,000.

SIGN HERE

(b)(6)

DATE COMPLETED

2/26/97

(b)(6)

RANK, TITLE OR GRADE

AW2/E-5 (1-5)

ORGANIZATION

NAS Willow Grove PA

DATE RECEIVED

97 FEB 27

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME

SAMUEL ERIC TRACY

(b)(6)

2. SOCIAL SECURITY OR IDENTIFICATION NO.

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

1616-1

ENLISTED PERFORMANCE EVALUATION REPORT

89143

1 NAME (LAST, FIRST, MIDDLE OR MIDDLE INITIAL) SANCHEZ, ERIC T.			2 RATE ATAN			3 SSN (b)(6)		
BRANCH/CLASS 4 <input type="checkbox"/> USN			5 <input checked="" type="checkbox"/> USNR			STATUS 6 <input checked="" type="checkbox"/> ACTIVE		
			7 <input type="checkbox"/> INACTIVE			8 <input type="checkbox"/> TEMAC		
						9 <input type="checkbox"/> ACDUTRA		
10 MEMBER'S SHIP OR STATION (VF-124) FITRON ONE TWO FOUR						11 MEMBER'S UIC 09095		12 DATE REPORTED 88OCT26
OCCASION FOR REPORT 13 <input checked="" type="checkbox"/> PERIODIC						14 <input type="checkbox"/> TRANSFER		15 OTHER
PERIOD OF REPORT 16 FROM 88JUN10						17 TO 89JAN31		
TYPE OF REPORT 18 <input type="checkbox"/> REGULAR						19 <input checked="" type="checkbox"/> CON-CURRENT		20 PH (b)(6)
21 RESERVE PART						22 DATE OF RATE 88AUG16		
23 PERIODIC SEMI-ANNUAL NAME (LAST AND INITIALS) (b)(6)						24 RANK LCDR		25 TITLE ASST DEPT HD
						26 SIGNATURE (b)(6)		

(b)(6)

50 MEMBER'S LAST NAME, INITIALS SANCHEZ, E T	51 SSN (b)(6)	PERIOD OF REPORT 52 From 88JUN10 53 To 89JAN31
54 DUTIES AND RESPONSIBILITIES CREWMEMBER IN THE ELECTRONICS BRANCH OF THE AVIONICS/ARMAMENT DIVISION. PERFORMS ORGANIZATIONAL MAINTENANCE ON THE COMM/NAV/ECM SYSTEMS OF F-14A AIRCRAFT. MILITARY DUTIES: FLIGHT LINE/HANGAR/GATE SECURITY, BARRACKS FIRE AND SECURITY WATCHES (b)(6) /TRANSIT/SCHOOL: 88JUN09-88OCT26.		
55 SPECIAL ACHIEVEMENTS COMPLETED THE FOLLOWING SCHOOLS: NR5C/8/17 88JUL07-88JUL07, NAN-1,2,3 88JUL07-88JUL07, FIREFIGHTING 88JUL13-88JUL14, F-14A COM/NAV/EW 88AUG18-88AUG26, F-14A 'AT' PJT 88AUG29-88SEP23, F-14A WIR CON REP		
56 EVALUATION COMMENTS		

BLOCK 55 CONT.

88OCT03-88OCT14, AVIONICS CORROSION 88OCT20-88OCT21.

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME

SANCHEZ, ERIC, TROY

2. GRADE AND COMPONENT OR POSITION

CIVILIAN

(b)(6)

(b)(6)

NAME:

LAWRENCE, ERIC TROY

MEASUREMENTS AND OTHER FINDINGS

SSN:

(b)(6)

(b)(6)

1616-1

ERIC

ENLISTED PERFORMANCE EVALUATION REPORT

SANCHEZ, EREK T				AW2		(b)(6)	
4. <input type="checkbox"/> USN		5. <input checked="" type="checkbox"/> USMC		6. <input checked="" type="checkbox"/> ACTIVE		7. <input type="checkbox"/> INACTIVE	
				8. <input type="checkbox"/> TOWARD		9. <input type="checkbox"/> ALTERNATE	
10. MEMBER'S SUPERVISOR				11. MEMBER'S UN		12. DATE REPORTED	
VP-66				49911		94 JUL 28	
13. <input checked="" type="checkbox"/> PROMOTION				14. <input type="checkbox"/> TRANSFER		15. OTHER	
PERIOD OF REPORT				16. FROM		17. TO	
				94 MAR 02		95 MAR 31	
18. <input checked="" type="checkbox"/> REGULAR				19. <input type="checkbox"/> TEMPORARY		20. FAVORABLE RECOMMENDATION	
				(b)(6)		21. RESERVE PART	
22. DATE OF BIRTH				23. REPORTING MEMBER'S NAME (LAST AND INITIALS)		24. RANK	
93 MAR 31				(b)(6)		CDR	
						25. TITLE	
						X0	
						26. SIGNATURE	
						(b)(6)	

(b)(6)

32. MEMBER LAST NAME, INITIAL

33. GRADE, A, B

34. DUTIES AND RESPONSIBILITIES

PRI: ASSIGNED TO THE OPERATIONS DEPARTMENT AS AN EP-3J ELECTRONIC WARFARE OPERATOR. DUTIES INCLUDE: NAVAL WARFARE PUBLICATIONS AND TACTICS CLERK RESPONSIBLE FOR THE RECEIPT, CONTROL AND INVENTORY OF ALL CLASSIFIED HOLDINGS-13. WATCH: ASSISTANT SQUADRON DUTY OFFICER-13. COLL: RESPONSIBILITIES INCLUDE PHYSICAL READINESS TRAINING PETTY OFFICER, MESSAGE TRAFFIC, FLIGHT ORDER AUDIT BOARD MEMBER-13. LEAVE/TRANSIT: 94MAR02-94JUL17.

35. SPECIAL ASSIGNMENTS

APPOINTED TEAM LEADER DURING RESCUE SWIMMER TRAINING AT NAS PENSACOLA. REQUALIFIED ON THE P-3C AND AN INITIAL OBSERVER QUALIFICATION ON THE EP-3J AIRCRAFT.

(b)(6)

590124101849

EVENT: U02 AGREEMENT TO EXTEND

7FC307
DCN: 174000296P

AGREEMENT TO EXTEND ENLISTMENT NAUPERS 10707621

NAME: SANCHEZ ERIC TROY

SSN:

(b)(6)

RZCL: USNR

Having enlisted in the UNITED STATES NAVY/NAVAL RESERVE on 91MAY12 for 4 years, I do voluntarily agree to (further) extend my enlistment for 04 months (REASON: SCHOOL OR OTHER (14)), subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 950916. This agreement has been fully explained to me. I understand it. I understand that extensions of enlistment totalling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated: TO HAVE SUFFICIENT OBLIGATED SERVICE TO ACCEPT BUPERS ORDER 12381. I UNDERSTAND THAT THIS EXTENSION BECOMES BINDING UPON EXECUTION AND MAY NOT THEREAFTER BE CANCELLED EXCEPT AS PROVIDED IN MILPERSMAN 1050150.

THIS IS MY FIRST EXTENSION
TOTAL AGGREGATE: 04MUS.
ALH

UID: 09143 STATUS: ACTIVE X INACTIVE RATE: A13 FEED: 870130
COMBAT ZONE: NU TOTAL AGGREGATE MUS: 04

SHIP OR STATION: NARC MIRAMAR

LOCATION OF SHIP OR STATION: PERSIDDERE MAR MIRAMAR, SDIEGO, CA.

SIGNATURE

***OF MEMBER

(b)(6)

Witnessed and
on behalf of the UNITED STATES NAVY
this 28th day of AUGUST, A.D. 1991

**** SIGNATURE
AND GRADE

(b)(6)

TITLE: REC/TRF SUPV

CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR _____ MONTHS, IS CANCELLED EFFECTIVE _____
AUTHORITY:

**** SIGNATURE
AND GRADE:

CERTIFYING OFFICER NAME AND RANK

NAUPERS 10707621

PART 1 OF 2